

LAND SURVEYOR-IN-TRAINING

APPLICATION INSTRUCTIONS

The following instructions have been prepared to assist you in completing your application for registration. Proper attention to details will avoid delays in processing and will help expedite its final acceptance. Failure to completely and properly fill out your form will not only cause delays, but may result in the inability to be approved for the examination. The completed application form and required fees should be sent to the Board's address as shown below. Make checks and money orders payable to the **Washington State Treasurer**.

PLEASE NOTE: Applications received without payment cannot be processed, will not be considered a timely submission, and will be returned to the applicant.

WHO SHOULD USE THIS APPLICATION

If you have an approved land surveying degree

If you have an associate land surveying degree, you must apply by a combination of education and experience

If you have a vocational or other land surveying courses, you must apply by a combination of education and experience

If you are applying by experience only

HOW TO REACH THE BOARD

Send Application & fee to:

Board of Registration
P.O. Box 9048
Olympia, WA 98507-9048

Send supporting documents to:

Board of Registration
P.O. Box 9025
Olympia, WA 98507-9025

Web site:

<http://www.dol.wa.gov/engineers/engfront.htm>

E-mail:

engineers@dol.wa.gov

Telephone:

(360) 664-1575

Fax:

(360) 664-2551

APPLICATION DEADLINES

Application forms and appropriate fees must be submitted to the board offices or postmarked **no later than four (4) months** prior to the date of scheduled examinations.

All Supporting materials, such as verifications and transcripts, must be submitted to the Board or postmarked **no later than three (3) months** prior to the date of scheduled examinations.

EDUCATION

List your educational background in the space allocated. An official transcript from your school(s) is required to confirm any education you wish to have credited towards your experience requirement. **Photocopies are not acceptable.**

EXPERIENCE DESCRIPTION/VERIFICATION

EXPERIENCE DESCRIPTION/VERIFICATION forms are for you to describe your land surveying experience and to have that experience verified. Experience must be gained under the supervision of a licensed professional land surveyor and verified by that surveyor.

After you have completed the applicant's portion of the verification form, send it to your supervisor. The supervisor completes his/her portion of the form and returns it directly to the Board's office. *If it is absolutely impossible to have some of your experience verified, it is imperative that you provide a written explanation of the circumstances for the Board's information. This experience cannot be counted but your application will not be held up pending receipt of the verification form.*

PLEASE NOTE: The required experience must be completed sixty days before the date of an exam to be eligible for that exam (WAC 196-21-020).

After evaluation of the application and documentation, you will be advised in writing whether: Your application is complete; you have been approved for the examination; or if additional information is required. If your application is complete and you have been approved for the examination, you will receive a letter that contains information necessary for you to schedule your examination with the National Council of Examiners for Engineering and Surveying (NCEES).



FOR VALIDATION ONLY

APPLICATION FOR REGISTRATION AS A LAND SURVEYOR-IN-TRAINING

Your wall certificate will have the same name you list on this application (they will appear in the proper order).

Make remittance payable to: State Treasurer
Send this application with your remittance to:
PO Box 9048
Olympia, WA 98507-9048

Please type or print clearly

APPLICANT'S NAME (Last, first, middle)			MAIDEN NAME (If any – will not appear on certificate)		
BIRTHDATE	SOCIAL SECURITY NO. (Required per RCW 26.23.150)		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		
MAILING ADDRESS		CITY	STATE	ZIP	COUNTY
PRESENT POSITION		BUSINESS NAME			
BUSINESS LOCATION ADDRESS		CITY	STATE	ZIP	COUNTY
BUSINESS TELEPHONE NO. ()	E-MAIL ADDRESS		RESIDENCE TELEPHONE NO. ()		
Have you previously filed an application with this office? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: <input type="checkbox"/> EIT <input type="checkbox"/> PE <input type="checkbox"/> LSIT <input type="checkbox"/> PLS Date Applied: _____					

EDUCATIONAL BACKGROUND

NAME AND LOCATION OF COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS	DATES OF ATTENDANCE		CURRICULUM	DEGREE/DATE
	FROM	TO		

Has any court or licensing jurisdiction taken action against you for your practice in engineering or land surveying?

If yes, please attach explanation on additional sheet.

☐ Yes ☐ No

Have you ever been convicted of or entered a plea of *nolo contendere* to any criminal offense?

If yes, please attach explanation on additional sheet.

☐ Yes ☐ No

CERTIFICATION

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X

APPLICANT'S SIGNATURE

Please list all of your employers/events below beginning with the most recent. This list is to encompass the entire time from leaving college (if applicable) or beginning your land surveying career to the present time. Those periods while in school, unemployed, or non-land surveying work must also be included. If not verifying an event, indicate "NO".

[illegible]



LAND SURVEYOR IN TRAINING EXPERIENCE AND VERIFICATION

Forms may be photocopied for additional events

BOARD OF REGISTRATION FOR PROFESSIONAL
ENGINEERS AND LAND SURVEYORS
PO BOX 9025
OLYMPIA WA 98507-9025
(360) 664-1575

Instructions for applicant

After completing the work experience descriptions on the following pages, send them and this form to your supervisor to verify your descriptions. Additional sheets may be attached if needed, but please identify the categories you are describing.

Instructions for applicant's supervisor/reference

Upon completing your verification, please return this form and the attached work experience descriptions directly to the Board office at the above address.

WORK EXPERIENCE INFORMATION - to be completed by applicant

Event no. _____
Applicant's name _____ Birth date _____
Employed by _____
Supervisor _____
Supervisor business address _____
City _____ State _____ Zip _____ Phone (_____) _____
Dates of Employment: From _____ To _____
Job Title _____

WORK EXPERIENCE VERIFICATION - to be completed by supervisor

Name of person completing this verification _____
If not applicant's supervisor for this event, state your relationship _____
Do you agree with the applicant's employment time and hours worked? ____ Yes ____ No
If no, please explain _____
Do you agree with the applicant's description of work and duties? ____ Yes ____ No
If no, please explain _____

During this time of employment, has the applicant been capable of making independent judgements and decisions?
____ Yes ____ No

Would you recommend this applicant for LSIT status if requirements are met? ____ Yes ____ No

In which categories (A through F on the attached page) do you believe the applicant is knowledgeable and prepared to be examined as a Land Surveyor In Training? ____ A ____ B ____ C ____ D ____ E ____ F

If not a **licensed** land surveyor, under what authority are you practicing land surveying? (i.e. federal agency, county engineer, Dept. of Transportation, etc.) _____

Number of years of surveying experience _____

RCW 18.43.040 states that no person shall be eligible for registration as a land surveyor in training who is not of good character and reputation. If you have any comments concerning this requirement as it relates to this applicant, please advise the Board under separate cover.

X _____
SIGNATURE DATE

STREET ADDRESS

PROFESSIONAL REG. NUMBER STATE

CITY, STATE, ZIP

WORK EXPERIENCE DESCRIPTIONS - to be completed by applicant

Instructions - WAC 196-21-020 (2) requires four years of broad based, progressive experience in the fundamental knowledge of surveying theory and practice under the direct supervision of a person authorized by RCW 18.43 or other applicable statute to practice land surveying. The experience may be education, work experience, or a combination of both in accordance with WAC 196-21-020. This experience is broken down into six categories (A-F) for each event. When describing your experience for each event and applicable category, be specific about your contribution to land surveying projects. Avoid terms like “participated in”, “involved with”, or similar generalities. State your exact duties. Explain in detail your thought processes.

For this event, describe your experience in

A. Performing complex survey calculations.

B. Conducting boundary and corner research.

C. Preparing and using property descriptions.

WORK EXPERIENCE DESCRIPTIONS - continued

For this event, describe your experience in

D. Understanding and applying fundamental boundary and topographic principles.

E. Making and/or analyzing horizontal and vertical control measurements.

F. Being skilled in survey equipment care and usage.